

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)		TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.				COURT USE ONLY DUE DATE:									
1a. CONTACT PERSON FOR THIS ORDER Miguel de Icaza		2a. CONTACT PHONE NUMBER 617-216-7076		3. CONTACT EMAIL ADDRESS miguel.de.icaiza@gmail.com											
1b. ATTORNEY NAME (if different)		2b. ATTORNEY PHONE NUMBER		3. ATTORNEY EMAIL ADDRESS											
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) 1 Memorial Drive, 15th floor Cambridge, MA, 02142				5. CASE NAME Epic Games, Inc. v. Apple Inc.		6. CASE NUMBER 20-cv-05640									
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Diane Skillman				8. THIS TRANSCRIPT ORDER IS FOR:											
				<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: Do not use this form, use Form CJA24											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)											
c. DELIVERY TYPE (Choose one per line)															
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION (if requesting less than full hearing, specify portion (e.g. witness or time))	PDF (email)	TEXT/ASCI (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (next day)	HOURLY (2 hrs)	REALTIME
05/04/2021	TSH	Trial		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05/05/2021	TSH	Trial		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05/06/2021	TSH	Trial		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05/07/2021	TSH	Trial		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05/03/2021	TSH	Trial		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC.															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE					
11. SIGNATURE /s/ Miguel de Icaza										05/10/2021					

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